

rupture of the lungs. There is also the risk of death from general anesthesia, as well as a chance that the patient may develop disease or disability as a remote result of general narcosis.

No general anesthetic is as safe as local. Not even the newer gas-oxygen-ethylene mixtures, in the hand of an expert, can equal the safety of local anesthesia.

The Advantages of Local Anesthesia.—It is surprising how many people are instinctively unafraid of local anesthesia because it permits them to be awake during the operation. Many patients will consent to operation under the local method who would not consider it if it involved a general anesthetic; this applies especially to those who have had a stormy and protracted convalescence after taking ether.

Extreme old age, organic disease of the heart, lungs and kidneys, were formerly believed to be contraindications to the radical operation. With a good technique, there is practically no contraindication to the cure of every hernia regardless of the age of the patient. Some of the best results in my private practice have been with patients over seventy years old. My oldest local anesthesia hernia patient was eighty-four; the youngest, five.

With local anesthesia there is no danger of postoperative dilatation of the stomach, tympanites, renal insufficiency, or heart and lung complications; there is no vomiting and straining to weaken the hernial incision; and there is no necessity to starve the patient before the operation—debilitated patients need never miss a meal, which is an important point for frail or aged subjects. In over seven hundred hernia operations under local anesthesia, I have not had a single death from the anesthetic, or a case of postoperative pneumonia.

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NONSPECIFIC PROSTATITIS

Prostatitis is one of the common diseases most frequently misdiagnosed, because of the erroneous conception of its etiology and misinterpretation of the symptoms. While the majority of the general practitioners still consider gonorrhea and sexual irregularities as the only etiologic factors, very few of them are aware of the very existence of the so-called "nonspecific" prostatitis, and of the part played in its production by the focal infections (the sinuses, tonsils, teeth, colon, joints, tendons, and skin) as well as the more general, such as influenza, typhoid, measles, scarlet fever, pertussis, and others.

We are seeing an increasing number of men who have definite prostatitis without any antecedent gonorrheal history. The statistics of Von Lackum of the Mayo Clinic, in his group of secondary prostatitis, show that the predominant organism is streptococcus (35 per cent) and staphylococcus (22 per cent). Non-venereal infections of the prostate are very common, but gener-

ally receive very little consideration, because it is not generally known that various non-venereal organisms may easily find lodgment within the prostate. For instance, a man may contract a non-gonorrheal urethritis from his wife by contact during the menses: women who permit a profuse flora to develop in the vagina (from lack of personal hygiene) are apt to infect their husbands. Prostatitis may result from such non-gonorrheal infection of the urethra which may assume a course with but a few unpleasant symptoms. Auto-inoculation of the urethra, and eventually of the prostate, not infrequently occurs in men with long adherent prepuce; also in those who introduce objects within the urethra for onanistic purposes. Chemicals injected into the urethra for prophylactic purposes occasionally injure the canal, so that a nonspecific urethritis develops. Injury to the prostatic portion of the urethra, incident to cystoscopy, urethroscopy, catheterization, the passage of a urethral or ureteral stone, may so traumatize the tissues that infection ensues and invades the prostate. Cystitis secondary to pyelitis, ureteritis, urethral stricture or bladder stone is commonly the responsible factor for a "nonspecific prostatitis." Ulcerative colitis and rectal conditions, such as fissures, infected hemorrhoids, ischiorectal abscesses and proctitis, may give rise to *Bacterium coli* infection of the prostate gland, which is usually transmitted through the lymph system, whereas the urethral infections are carried into the prostate directly. General infections are transmitted to the prostate by the blood stream; for instance, in cases of prostatitis secondary to a carbuncle, influenza, typhoid fever, and so forth. Occasionally pathogenic protozoa (trichomonas, ameba) are found in the prostatic secretion.

No other gland in the male is as subject to infection as the prostate. Its secretions of albuminous and mucous substances constitute perfect culture media, and once an infection is established it is not easily attacked. Drainage of prostatic infection is very difficult, as the glandular portion of the prostate consists of numerous compound racemous glands, each group of which has a very narrow excretory duct, and stagnation of prostatic secretion within the alveoli is a common occurrence.

A peculiar point about nonspecific or secondary prostatitis is the frequent absence of characteristic genito-urinary symptoms which usually call the physician's attention to this organ. In these cases the prostate, though harboring focal infection, may be normal to the examining finger, but its secretion expressed by massage will be found to contain pus and bacteria. It is often necessary to repeat such examinations two or more times in order to express latent foci from the plugged-up acini; and to make the findings reliable. One should always consider the infected prostate as a possible cause of or contributing factor in the arthritic and neuralgic disturbances, and also in iritis and endocarditis.

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